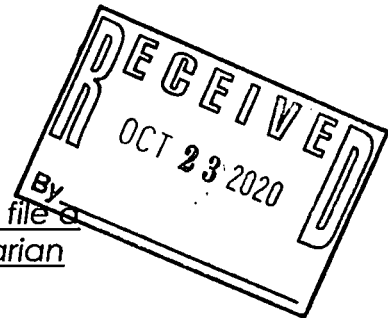


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a  
separate Complaint Investigation Form for each veterinarian



PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: OCT. 23, 2020

Case Number: 21-52

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr. Debbie Chapman

Premise Name: Desert Cross Veterinary Hospital

Premise Address: 651 S Dusty Trail

City: Thatcher State: AZ Zip Code: 85552

Telephone: (928) 348-0026

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Dr. Leslie Ivie

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Schnapps

Breed/Species: Schnauzer

Age: 7/30/15 Sex: Male Neutered Color: Black/White

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Dr. Leslie Ivie, 3000 N Business 45, Corsicana, Tx 75110

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Kenzie Threlkeld, [REDACTED]

Dr. Leslie Ivie, [REDACTED]

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

Schnapps is a 5 year old, male neutered Schnauzer who presented to our clinic, in Texas, for vomiting and anorexia on October 16th, 2020. Rachael Mueller, Schnapp's owner, reported at that time some significant dietary indiscretion (patient ate a bird, drank from the grease trap on her grill, and ate some sausage). We performed a CBC, Chemistry 17, and Electrolytes panel on this patient as well as an Idexx Canine Pancreatic Lipase Snap Test. The results on these diagnostics were consistent with acute pancreatitis. Upon presentation, Schnapps also had significant icterus on his exam. His bloodwork showed an elevated total bilirubin, which we assessed as a secondary complication from the swelling and inflammation of his pancreas. Schnapps was hospitalized and treated with Cerenia, Depo-Medrol, and intravenous fluids. Schnapps attitude improved, he ceased vomiting, developed an appetite, his abdomen was no longer distended or painful, and icterus improved significantly by Tuesday, October 27th, when he was discharged. On October 22nd, 2020 Schnapps was presented to our clinic again to re-examine him, as the owner felt his condition had declined. Mrs. Mueller reported that his eyes were more icteric and blood shot, and that he had some redness and inflammation and was licking at the area where his IV catheter was placed during his hospitalization. Schnapps was re-evaluated at that time and his icterus was still markedly improved from his initial presentation, he was wagging his tail and attitude was bright and alert. No pain was perceived on his abdominal palpation at this time. We repeated his CBC, Chemistry and electrolyte panel. Schnapp's total bilirubin was decreased from his last bloodwork. He did show elevation in his alanine aminotransferase, alkaline phosphatase, and gamma-glutamyl transferase. His Amylase was decreased as well. Mrs. Mueller was provided with Denamarin and enrofloxacin to begin treatment and referred to Animal Diagnostic Clinic in Dallas, Tx for an ultrasound of his liver and gallbladder. Schnapps did have a "hot spot" at his IV catheter site due to licking at the area, this was treated with Panalog ointment to be applied topically.

Mrs. Mueller's mother brought Schnapp's records to her veterinarian, Dr. Debbie Chapman, at Desert Cross Veterinary Hospital in Arizona. Mrs. Mueller reported to our clinic that the doctor told her she was confused as to why we treated Schnapps with Depo-Medrol as "steroids cause pancreatitis," and was told to request tramadol or gabapentin, and that it was implied to her our care and treatment of her patient was inappropriate. Kenzie Threlkeld, LVT placed a call to this veterinary clinic to ask about the nature of that conversation and Dr. Debbie Chapman reported that she told the client that the Baytril prescribed should have been dosed twice daily, the patient "needs pain meds," and stated she was "just thinking out loud" when she told the client the steroid caused pancreatitis. Dr. Chapman did state she had seen this patient "around the holidays, so within the last year." This phone call with Dr. Chapman is recorded on our VOIP software.

November 1, 2020

Case # 21-52

On October 22, 2020 at 2:00pm I had a consultation visit scheduled for Suzan Schirner. Records had been emailed from clinic in Texas earlier in the day but I had not had the opportunity to go over them before Ms. Schirner arrived for her appointment.

I entered the exam room with Ms. Schirner and she told me she was going to FaceTime her daughter in Texas because her daughter was very worried about her dog and she only trusted me. She brought up her daughter on FaceTime as I looked over the records and the daughter gave me the story of what had been going on with her dog. I listened and looked through the records and asked if she was still in Texas to which she said that she was, she told me that she was just really worried and had not been able to speak to an actual veterinarian about her dog since the clinic she went to was curbside only and the dogs were left outside in a kennel and then picked up from the kennel when ready to go and all communication done on the phone and never with a veterinarian and she just felt like she didn't know what was going on and she was worried because her dog did not seem to be getting better.

The records listed the differential diagnosis as acute pancreatitis with secondary inflammation of the gallbladder and liver. In the plan it lists first that treatment was with 0.2ml of depo medrol, no mg stated and that cerenia was rx'd and that the dog would be hospitalized for IV fluids. While going over the record and listening to the owner I commented, "I wonder why they gave a steroid injection when they had diagnosed the dog with acute pancreatitis because steroids can cause pancreatitis." The rest of the record was looked at and I told her that really the only thing I would have done differently is done the antibiotics twice daily but once was within treatment range.

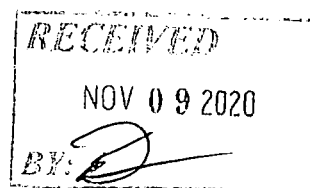
The owner then stated that the dog seemed very uncomfortable and was breathing heavy and was restless. I told her she should call her vet and tell them that the dog seemed uncomfortable and ask if they would prescribe her some pain meds, most likely tramadol or gabapentin given that the dog had had a long acting steroid injection.

No derogatory remarks were said about the veterinarian or the clinic. Everything was done the most professional of manners and the client and daughter both thanked me for my opinion and that was the end of the conversation. About an hour later the receptionists pull me out of an exam room and tells me that there is a Kelsey on the phone from a clinic in Texas and she was demanding to talk to me and said she would not stop calling until she talked to me. I excused myself from the room and spoke with Kelsey regarding our mutual patient and client.

Kelsey asked me what I had said to the client and I told her what I had told the client and she asked if I had said that the baytril should be twice a day and I told her that I had said that the only thing I would have done differently is to do it twice a day. Then she asked me if I had told the owner that steroids cause pancreatitis to which I told her, well, they do and in passing, yes, I said that I was surprised that they had given the steroids when their diagnosis was acute pancreatitis because steroids can cause and worsen pancreatitis. Kelsey then asked if I had ever seen the dog to which I looked up on the computer and told her that I had seen the dog around the holidays the year prior. She then hung up the phone.

Again, nothing was said to disparage the veterinarian, just a second opinion given to a mutual client who was upset and worried about their pet. How many times do we all send records to different doctors when a client requests it so that they can get a second or third or five thousandth opinion? How many times do we give our family and friends and social media people thoughts and opinions about their animals care when they ask us? I can not control what a client says or how they manipulate information when they relay it to someone else. We all have experienced the client who is told one thing and turns it into something completely different.

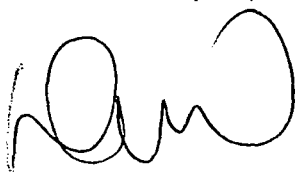
I do not feel as if I have done anything against the code of ethics nor against the law. Since when did giving an alternate opinion become a board violation? The mental health crisis in veterinary medicine is already overwhelming and are we now going to add yet one more stressor? That you can not give an opinion based on a pet's medical record? Can I now file a formal board complaint anytime one of my colleagues has a different opinion of treatment



than mine? What are we to do with the hundreds of social media sites dedicated to asking other vets for their opinion on animals that they have neither seen nor known? Are those opinions now to be subject to a board review if one does not like the answer?

I realize that it is a very difficult time right now and everyone is at wits end and overworked and under appreciated. Our world and our profession is having to do everything so different and it has caused an even greater gap between us and the people we serve and in that it makes us less tolerant of everyone. The future is uncertain for sure and I suspect that we in veterinary medicine are going to need to get used to the idea that practice as we once knew it is going to change and telemedicine is going to grow and we are going to see things we never thought we would see happen. Maybe instead of getting upset by it we need to learn to embrace it.

Dr Deborah Chapman DVM  
Desert Cross Veterinary Hospital

A handwritten signature in black ink, appearing to be 'D. Chapman', written in a cursive style.



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**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM  
Carolyn Ratajack  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT - Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 21-52  
Complainant(s): Dr. Leslie Ivie  
Respondent(s): Deborah Chapman, DVM (License: 3526)

**SUMMARY:**

Complaint Received at Board Office: 10/23/20  
Committee Discussion: 5/4/21  
Board IIR: 6/16/21

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On October 22, 2020, Respondent had a consultation with the mother of the owner of "Schnapps," a 5-year-old male Schnauzer that was treated by Complainant in Texas.

Respondent made some comments with respect to the treatment that was provided to the dog.

**Complainant was noticed and did not appear.**  
**Respondent was noticed and appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Dr. Leslie Ivie*
- Respondent(s) narrative/medical record: *Deborah Chapman, DVM*

**PROPOSED 'FINDINGS of FACT':**

1. On October 16, 2020, Dr. Leslie Ivie a veterinarian in Texas diagnosed the dog with acute pancreatitis due to dietary indiscretion, inflammation to the gallbladder/liver secondary to pancreatitis. She dog was hospitalized for IV fluids, cerenia, and Depo Medrol. The dog was treated and discharged when improved.
2. On October 22, 2020, the dog was presented to Dr. Ivie due to continued icterus. Diagnostics were performed and Dr. Ivie suspected secondary inflammation of liver/gallbladder from pancreas swelling, hepatobiliary infection, blockage of bile duct, neoplasia, etc. Dr. Ivie prescribed Denamarin and Enrofloxacin once a day and referred the dog to a specialist for an ultrasound.
3. That day, the pet owner's mother consulted with Respondent. Respondent was reviewing the dog's medical records while the mother was facetimeing with the pet owner. Respondent stated that she wondered why the veterinarian gave the dog a steroid injection when they had diagnosed the dog with acute pancreatitis. She advised the pet owner and her mother that she would have had the dog get antibiotics twice a day instead of once a day.
4. The pet owner stated that the dog seemed uncomfortable, was breathing heavy, and was restless. Respondent stated that she should call her veterinarian and ask if they would prescribe pain medication – like tramadol or gabapentin – since the dog had received a long acting steroid injection.
5. Later that day, a staff member of Complainant called Respondent to verify what she said to their mutual client. Respondent confirmed their conversation and the call ended.
6. Respondent stated that nothing disparaging was said about Complainant or her clinic. She only gave a second opinion to a mutual client that was upset and worried about their pet. Respondent stated she saw the dog around the holidays a year prior to the second opinion.

**COMMITTEE DISCUSSION:**

The Committee discussed that based on the information provided they did not find a violation of the Veterinary Practice Act. It appeared to be a miscommunications or misinterpretation of what was said – there are times where a doctor may question how a pet was treated at a different location because they may have done something differently.

**COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

**COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

Dismiss this issue with no violation.

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division